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Voluntary Health Scotland Response to Mental Health in Scotland – A 10 year vision 16/09/16

Introduction

1. Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Our aim is to promote greater recognition of the voluntary health sector and support it to be a valued and influential partner in health and care.

2. VHS's report *Living in the Gap: A voluntary sector perspective on health inequalities in Scotland* [1] drew attention to the correlation between health inequalities and poor mental health, social isolation and loneliness. It highlighted the significant involvement of our sector in supporting people's mental health and wellbeing in many communities and population groups. Most of the charities, voluntary organisations, and community and grassroots organisations in VHS's network would not describe themselves as mental health charities, but 43% of respondents to our 2016 membership survey told us that mental health is a priority in their work with individuals and communities. We are keenly aware that across the third sector in its entirety, including arts and environmental organisations, social enterprises, housing associations and faith organisations, there is a both an understanding that we all have mental health and a commitment to contributing to good mental health for all.

3. For these reasons, we welcome the opportunity to respond to this consultation. We commend the Scottish Government for establishing a dedicated Minister for mental health and for the commitment to developing a ten year strategy for mental health.

A whole person approach

4. We are pleased to see the emphasis on creating parity between mental and physical health, as this is long overdue. The need to reframe mental health to look at the whole person, and the intrinsic link between mental and physical health has been voiced by a wide range of voluntary health organisations.

[1] Voluntary Health Scotland. *Living in the Gap: A voluntary sector perspective on health inequalities in Scotland.* 2015

Human rights approach

5. We welcome the human rights based approach reflected in the 10 year vision, but feel that more needs to be done to address the issue of educating people about their rights. The strategy should explicitly align itself with the Scottish National Action Plan (SNAP) for Human Rights[2] and the aims it embodies; notably having a human rights based approach at the centre of all policy and legislation and providing opportunities for people to participate in decisions and processes that affect their lives.

A whole government approach

6. In an interview with Holyrood Magazine[3] the Minister for Mental Health Maureen Watt said that she hoped the new strategy can encourage an all-of-government approach to the challenges. She is quoted as saying: "That's very much part of what I want to see the new strategy encourage. So it's not just saying here is a mental health strategy, but here is a mental health strategy in relation of all aspects of government". This is certainly a commitment that VHS welcomes, but as an ambition it is notably missing from the Vision statement.

7. The World Health Organisation argues that: "Achieving good mental health for all requires systematic change, through the integration of mental health into all policies at a local and national level."[4] The opportunity to harness all aspects of Scottish Government policy including education, employment, welfare, housing, environment and the economy mustn't be missed. Policies designed to make Scotland stronger, fairer, wealthier and greener should also be designed to make Scotland mentally healthier but that is not always the case.

8. New Scottish Social Security legislation has the potential to aggravate (or even lead to) poor mental health if not administered in a manner that allows for a smooth transition. This includes avoiding the types of problems that occurred during the move from Disability Living Allowance to Personal Independence Payments. Any issues arising from the transition from a national to a devolved power should not trickle down to service users. The process must ensure that no one falls through the gaps, those who are most vulnerable are able to access Social Security easily and effectively and payments are made in a timely manner. The application and

[2] http://www.scottishhumanrights.com/actionplan
[3] https://www.holyrood.com/articles/inside-politics/maureen-watt-mental-health-about-looking-whole-person
[4] World Health Organization and Calouste Gulbenkian Foundation. *Social Determinants of Mental Health.* World Health Organization. 2014

assessment process surrounding the range of benefits available under Social Security should be focused on the mental health and wellbeing of claimants; this will avoid the distress and negative impacts to mental health caused by processes such as Personal Independence Payment Assessments.

9. We are surprised that there is no mention in the 10 year vision about health and social care integration, given the scale of that particular reform. The mental health strategy will need to clarify how Health and Social Care Partnerships are expected to approach mental health to avoid it being understood purely in terms of clinical interventions and to ensure the resourcing of wider non-clinical interventions and a real move towards community based support.

10. We urge that the mental health strategy is set in the context of other transformational Scottish Government strategies for health, including The 2020 Vision for Health and Social Care, Live Well (Scotland's National Dementia Strategy) and the National Clinical Strategy for Scotland (published in February 2016).

11. We are surprised that no reference is made to the outcomes of the Cabinet Secretary for Health and Sport's national conversation on creating a healthier Scotland, where people said there is too much reliance on pills rather than addressing the root causes of poor mental health. The negative health impact of social isolation and loneliness was also a topic raised by people of all ages in all kinds of communities across Scotland. People cited a lack of close friends or family, transport or access issues, difficulty in finding out what is available, and communication problems. What will the mental health strategy do to address these kinds of important issues?

12. We ask the Scottish Government to look at the recommendations in NHS Health Scotland's 2015 report, *Good Mental Health for All*. These included a call for an alignment of activity towards a shared vision – an integrated strategy for mental health balancing promotion, prevention, treatment and care. There will be a national public health strategy developed in due course – a very obvious and necessary strategy for alignment with the mental health strategy.

Health Inequalities

13. We are very disappointed that there is no mention of tackling health inequalities in the 10 year vision given the correlation between mental health and physical health inequalities. "Mental health affects, and is affected by, physical health problems; for example, those with depression are at a greater risk of cardiovascular disease and diabetes, and those with cardiovascular disease and diabetes are at greater risk of

depression."[5]

14. There is also a strong association between people who are living with both long term conditions and mental health problems living in deprived areas and having access to fewer resources. People with mental health issues experience some of the worst health inequalities of any group.

15. The mental health and physical health inequalities people face are shaped by wider social, economic and environmental inequalities, which are referred to as the social determinants of mental health[6]. Evidence suggests that there is a bi-directional relationship between inequalities and mental health: where inequality drives down mental health and poor mental health drives up inequality.[7] People living with mental health problem face a wide range of inequalities:
    - "There is evidence of a social gradient for both mental health problems and mental wellbeing in Scotland, with those living in the most deprived areas with extensive socio-economic inequalities, experiencing the poorest mental health".[8]
    - "The inequalities experienced by people with mental health problems are unjust – those with severe and enduring mental health problems die on average 15-20 years younger than the population as a whole"[9]
    - People who have mental ill-health are at a higher risk of poorer social, educational, health and employment outcomes.[10]
    - Those experiencing mental health problems are more likely to participate in risk behaviours[11] . For example 30-40% of all the tobacco consumed in the UK is consumed by people with mental health problems. In *Living in the Gap* ASH Scotland commented: "people dealing with mental health issues – feel better when they stop smoking, but you need to consider inequality of the health harm arising as a result of tobacco among these people who are

[5] Naylor C, Galea A, Parsonage M, et al. *Long-term conditions and Mental Health. The Cost of Co-morbidities.* The King's Fund. 2012
[6] World Health Organization and Calouste Gulbenkian Foundation. *Social Determinants of Mental Health.*
[7] Scottish mental Health Partnership. *Why Mental Health Matters to Scotland's Future.* https://www.mentalhealth.org.uk/sites/default/files/SMHP%20Special%20Briefing%20Paper%20Why%20Mental%20Health%20Matters%20to%20Scotland's%20Futu..._0.pdf
[8] NHS Health Scotland. *Good Mental Health for All.* 2015 Pg 8 www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf
[9] Ibid. pg. 5
[10] McCulloch A, Goldie I. Public Mental Health Today. Pavilion Publishing Ltd. 2010
[11] NHS Health Scotland. *Good Mental Health for All.* Pg 9

smoking when they are at their most vulnerable"[12]

16. It is therefore important to operationalise the Christie Commission recommendation to ensure that all public services assume a responsibility to address inequalities by recognising the relationship between inequalities and mental health and making sure tackling inequalities is at the heart of all strategies.

17. Although the priorities listed in Annex A of the 10 year vision cover all stages of life from birth to older age, there is no recognition of the social determinants of mental health and how these may impact on people's access to and ability to engage with services and interventions proposed to help improve their mental health.

18. Evidence shows that "people who experience several complex and interrelated issues, referred to as 'complex needs' are at higher risk of mental health problems and require tailored responses within policy and services"[13] The strategy should explicitly state the measures it will take in order to calibrate the services and support mechanisms offered to the level of disadvantage and inequalities faced. This is necessary in order to overcome the barriers faced by people who are disadvantaged from accessing the actions outlined in the strategy. Our research for *Living in the Gap* shows that 80% of organisations we surveyed viewed 'barriers to accessing services' as a factor linked to health inequalities.

19. One such barrier is digital exclusion. The mental health strategy refers to rolling out "computerised Cognitive Behavioural Therapy" in order to "Improve access by older people to support for mental health problems, including access to psychological therapies." This action fails to recognise that 53% of people aged 65 and over are less likely to have digital skills and capabilities in the UK[14] and not so long ago nearly 50% of people aged 50 and over in Scotland still did not have access to a computer at home.[15]

Prevention

20. We opened this response by emphasising the extensive involvement of the third sector in mental health, whether explicitly providing mental health services or more indirectly or implicitly. Examples of the latter include befriending, advice and advocacy, peer to peer support, volunteering and employment opportunities, family

[12] Voluntary Health Scotland. *Living in the Gap.* Pg. 17
[13] Elliott, I. *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. Mental Health Foundation. 2016
[14] Government. *Digital Inclusion Strategy.* 2014
[15] Scottish Government. Digital Inclusion in Partnership. 2007

and individual support services, community food initiatives, community development, social prescribing and community link workers.

21. We believe it is crucial that the preventative nature of much of the third sector's work is acknowledged, harnessed, supported and developed in the mental health strategy. As it stands, the 10 year vision make only minor references to the third sector at all. The mental health strategy will need to make the role of the third sector much more explicit for it to become a meaningful contributor and equal partner in the design and delivery of preventative interventions. The opportunity provided by the Health and Social Care Partnerships is crucial in this context.

22. Respondents to *Living in the Gap* highlighted that they regarded their work as strengthening the assets of the people they worked with, and they reflected on the preventative nature of asset building. Organisations mentioned: "helping individuals to develop internal resources and capacity so that they build resilience and gain the skills and confidence to cope with day-to-day issues.[16]

23. This strength based, asset building approach should be extended to the workforce to develop frontline staff to help tackle inequalities that people suffering from mental health issues may face. Consider MARCH (Midlothian Area Resource Coordination for Hardship), a cross-sectoral partnership involving a local financial inclusion charity, a national fuel poverty charity, the local authority and the health board's Health Promotion Service. Working to each other's strengths, roles and capacities has enabled them to create resources and referral pathways for people identified at risk of poor health outcomes as a result of poverty. These resources help community health staff – including community mental health nurses - to signpost individuals to appropriate advice and support services relating to money, food, fuel, housing, health and wellbeing in order to prevent issues from escalating to a point of crisis. In *Living in the Gap*, a case participant described the MARCH Project approach as supporting: "a shift away from the medical model of simply addressing symptoms, to a more preventative approach…to identify and tackle the poverty that underpins many of the physical and mental health issues that our service users experience"[17] .

24. The Scottish Government will be well aware of the awareness raising conducted by ASH Scotland and the Scotland Tobacco Free Alliance to highlight the toxic correlation between smoking, poverty and people with mental health issues. This is

[16] Voluntary Health Scotland. *Living in the Gap.* Pg. 23
[17] Ibid. Pg. 15

one of the groups for whom the government's commitment to ensure parity between physical and mental health could make a real difference. ASH Scotland talks about the "unintended effect whereby interventions aimed at the general population result in widened health inequalities, because lower income groups may be least likely to respond to health information campaigns and are therefore 'left behind' in terms of unchanged behaviour."[18] Smoking cessation programmes/interventions are proven to be less effective for deprived communities.

25. VHS welcomes the government's commitment to making prevention programmes such as smoking cessation, alcohol, screening for preventable conditions accessible to people with mental health problems. However, we think it is necessary for the strategy to detail how it will achieve this, and to produce actions in collaboration with service users, to get their input on how to mitigate the barriers they face.

26. There has to be meaningful engagement and co-production with people with lived experience of mental health issues to establish what kind of prevention works for them and makes a difference to their physical as well as mental health. One of the findings from our research into health inequalities was the third sector's effectiveness in co-producing the design of their services with input from service users and the positive impact this has on the success of the intervention.[19]

27. Whilst the strategy contains a range of evidence-based programmes promoting good mental health, prevention and early intervention especially for infants, children and young people, there is no mention of education and raising awareness about mental health amongst children and young people. Nor is there any mention of health literacy. Or indeed of the role of primary and secondary schools and the Curriculum of Excellence in ensuring the provision of mental health education. Research shows that many young people possess negative attitudes towards mental health difficulties among peers and avoid seeking help with their emotional problems'.[20]

28. Education is an area that voluntary health organisations have considerable experience of. For example, DEAL (Developing Emotional Awareness and Listening)[21] is a teaching resource that has been developed by Samaritans in consultation with young people and schools across the UK and Ireland. The aims of

[18] Ibid. Pg. 17
[19] Ibid. Pg.24
[20] Naylor et. al. *Impact of Mental Health Teaching Programme on Adolescents*. University of Sheffield. 2009
[21] http://www.samaritans.org/your-community/supporting-schools/deal-teaching-resources

DEAL are to raise awareness about emotional health and the importance of recognising when you need help, developing positive coping strategies, reducing stigma and breaking down barriers around talking about emotional health, developing communication skills, and developing supportive and help-seeking behaviour in young people.

The third sector

29. We have previously commented on the lack of reference to the third sector in the 10 year vision. Scotland's larger mental health charities have significant expertise, experience and reach: together they make a significant contribution to Scotland's mental health service provision. Most of these come together under the umbrella of the Scottish Mental Health Partnership and we fully expect and hope that such mental health specialist organisations will be fully involved in the development of the strategy.

30. Our plea here is that smaller voluntary health organisations and other types of third sector organisations such as social enterprises and housing associations are not ignored, either in the development or the implementation of the strategy. To do so would be to overlook an extensive pool of resource, experience and expertise. These are organisations embedded at the heart of communities throughout Scotland and already working effectively with public sector colleagues, through community planning or health and social care integration partnerships.

31. In June 2015 VHS held a discussion on mental health with twelve small to medium sized charities whose work spanned older people, children and young people, people in and leaving prison, and disabled people. Only one of these organisations was a 'mental health' charity but collectively they were directly engaged in supporting the mental health of:
    - Adults and children with long term health conditions
    - Children and young people with terminal and life shortening illness/conditions
    - People with custodial sentences and people who have experienced prison
    - Older people in care homes
    - Children and adults who have experienced sexual or other abuse

32. This same group of organisations went on to discuss and highlight the lived experience of the people they support and the issues that those people routinely come up against. The prevalence of smoking amongst people with mental health issues or illness, of depression amongst older people in care homes and of suicide amongst young people with custodial sentences were very live issues. As was the

stigma and bullying still attached to mental illness, along with social exclusion, isolation and loneliness. Fears and practical barriers that prevent people accessing services were an issue, and also people's poor awareness and take up of independent advocacy by those with entitlement. The lack of person centred, holistic and preventative systems and services was criticised.

33. Elsewhere in the Scottish Government there is significant interest in this strata or cohort of the third sector because of its contribution to the development of community link worker and social prescribing models of tackling health inequalities, supporting primary care and relieving pressure on secondary care. VHS is currently conducting a scoping exercise on behalf of the Scottish Government to help map the extent of community link working in our sector. Whilst the Glasgow based programme run by the Health and Social Care Alliance in partnership with Deep End GP practices is well developed, recognised and evaluated, we anticipate our study will shed light on a wide range of other initiatives from across the country.

34. We were pleased to see that the Scottish Government's recently announced programme for government (A Plan for Scotland 2016-17) includes 'a national social isolation strategy to ensure a holistic approach across government to problems of loneliness and isolation'. Addressing these issues and preventing their escalation into mental health problems is an area where our sector excels. For example, Fife Society for the Blind's purpose is to support people affected by sight loss, but the very direct result of their services means that blind people are able to sustain physical and mental wellbeing and are not socially isolated: "I was born blind and my parents didn't know what to do with a blind baby or how to interact…They taught my mum about tactile games and books so she could play with me…"[22] Or consider Argyll Voluntary Action who aim to address health inequalities through providing volunteering opportunities. The direct result of which is a reduction in social isolation, loneliness and depression.[23]

35. It is widely recognised that third sector organisations are often able to engage and develop the trust of vulnerable people in a way that statutory services sometimes find hard to do. One respondent to *Living in the Gap* commented: "often the individuals who are most in need are not accessing statutory services, and therefore remain in the shadows of service provision"[24]. Our research reinforces the view that engaging vulnerable groups is what the voluntary sector does best.

[22] Voluntary Health Scotland. *Living in the Gap.* Pg. 12
[23] Ibid. Pg. 18
[24] Ibid. Pg. 24

Relationships with service users have a non-statutory basis (usually) so can be built on trust, word of mouth and having credibility within local communities. One of our *Living in the Gap* respondents pointed out: "The relationship that (the) voluntary sector develops with individuals in the community is the start of a health behaviour change."[25] It means that third sector organisations can act as a lynchpin or conduit between public services and services users. Another of our respondents, the family charity CIRCLE, talked about providing "information and support to help people engage with health services… including support for families to register with the local GP…encouraging someone to engage with mental health services… or building confidence so that an individual is more likely to participate in medical interventions"[26]

36. Some voluntary health organisations feel that their ability to offer non-clinical approaches means that they can support people to have a better understanding of the conditions they are suffering from whilst complementing the medical interventions offered. To quote again from *Living in the Gap*: "'HIV is a social issue – people tend to acquire HIV when they have at least two other psychosocial problems such as homelessness, problem drug use, mental illness – but as much as this is known, all 25 national strategies still prioritise clinical outcomes. It is well established that there is no "getting to zero" [new infections and zero deaths from HIV], without addressing stigma; and yet addressing stigma is always the afterthought in health strategies. In fact the social elements of living with HIV, or being at higher-risk of HIV, are where change is needed."[27]

Conclusion

37. We have talked about the third sector's role at some length in an effort to make a convincing case for it being given an explicit role at the core and not the margins of the strategy, and we hope to see this clearly articulated as the strategy develops.

38. The consultation asks what priorities can help transform mental health in Scotland over the next 10 years. VHS has three: giving the third sector an explicit role at the core of the mental health strategy, embedding co-producing preventative measures with service users, and focusing on tackling health inequalities. In our view this is what is needed to help deliver any transformation.

[25] Ibid. Pg. 23
[26] Ibid. Pg. 11
[27] Ibid. Pg. 25